



PART B - FEE(S) TRANSMITTAL

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06/30/2003

ELI LILLY AND COMPANY
PATENT DIVISION
P.O. BOX 6288
INDIANAPOLIS, IN 46206-6288

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KS. Rhoades	(Depositor's name)
KS Rhoades	(Signature)
9-30-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,323	04/24/2001	Fatima Emitsel Yakubu-Madus	X-11921	6749

TITLE OF INVENTION: SYNERGISTIC USE OF THIAZOLIDINEDIONES WITH GLUCAGON-LIKE PEPTIDE-1 AND AGONISTS THEREOF TO TREAT METABOLIC INSTABILITY ASSOCIATED WITH NON-INSULIN DEPENDENT DIABETES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	09/30/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
JIANG, DONG	1646	514-00200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mark J. Stewart

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Eli Lilly and Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Indianapolis, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 6

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0840 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Sept 30, 2003

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10/08/2003 AWONDAF2 00000074 050840 09830323

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